

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|--------------|------|------|------|------|
| | | | | | | | 09/423093 | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | INL | DEP. | IND. | DEP. | IND. | DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 1 | / | / | / | / | / | / | 51 | | | | | |
| 2 | / | / | / | / | / | / | 52 | | | | | |
| 3 | / | / | / | / | / | / | 53 | | | | | |
| 4 | / | / | / | / | / | / | 54 | | | | | |
| 5 | | 4 | | 4 | | | 55 | | | | | |
| 6 | / | / | / | / | / | / | 56 | | | | | |
| 7 | / | / | / | / | / | / | 57 | | | | | |
| 8 | / | / | / | / | / | / | 58 | | | | | |
| 9 | / | / | / | / | / | / | 59 | | | | | |
| 10 | / | / | / | / | / | / | 60 | | | | | |
| 11 | / | / | / | / | / | / | 61 | | | | | |
| 12 | / | / | / | / | / | / | 62 | | | | | |
| 13 | | 1 | | 1 | | | 63 | | | | | |
| 14 | / | / | / | / | / | / | 64 | | | | | |
| 15 | | 1 | | 1 | | | 65 | | | | | |
| 16 | / | / | / | / | / | / | 66 | | | | | |
| 17 | | 1 | | 1 | | | 67 | | | | | |
| 18 | | 2 | | 2 | | | 68 | | | | | |
| 19 | | 2 | | 2 | | | 69 | | | | | |
| 20 | | 2 | | 2 | | | 70 | | | | | |
| 21 | (1) | (1) | | | | | 71 | | | | | |
| 22 | / | / | / | / | / | / | 72 | | | | | |
| 23 | | 1 | | 1 | | | 73 | | | | | |
| 24 | | 2 | | 2 | | | 74 | | | | | |
| 25 | | 2 | | 2 | | | 75 | | | | | |
| 26 | | 2 | | 2 | | | 76 | | | | | |
| 27 | (1) | | | 1 | | | 77 | | | | | |
| 28 | (1) | | | 1 | | | 78 | | | | | |
| 29 | (1) | | | (1) | | | 79 | | | | | |
| 30 | (1) | | | (1) | | | 80 | | | | | |
| 31 | (1) | | | (1) | | | 81 | | | | | |
| 32 | 1 | | 1 | | | | 82 | | | | | |
| 33 | | 1 | | 1 | | | 83 | | | | | |
| 34 | | 1 | | 1 | | | 84 | | | | | |
| 35 | | 1 | | 1 | | | 85 | | | | | |
| 36 | | 4 | | 4 | | | 86 | | | | | |
| 37 | | 1 | | 1 | | | 87 | | | | | |
| 38 | | 1 | | 1 | | | 88 | | | | | |
| 39 | | 1 | | 1 | | | 89 | | | | | |
| 40 | | 1 | | 1 | | | 90 | | | | | |
| 41 | | 4 | | 4 | | | 91 | | | | | |
| 42 | (1) | | | (1) | | | 92 | | | | | |
| 43 | | | | | | | 93 | | | | | |
| 44 | | | | | | | 94 | | | | | |
| 45 | | | | | | | 95 | | | | | |
| 46 | | | | | | | 96 | | | | | |
| 47 | | | | | | | 97 | | | | | |
| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | 16 | | 16 | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 41 | ↓ | 41 | ↓ | | ↓ | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 57 | | 57 | | | | TOTAL CLAIMS | | | | | |